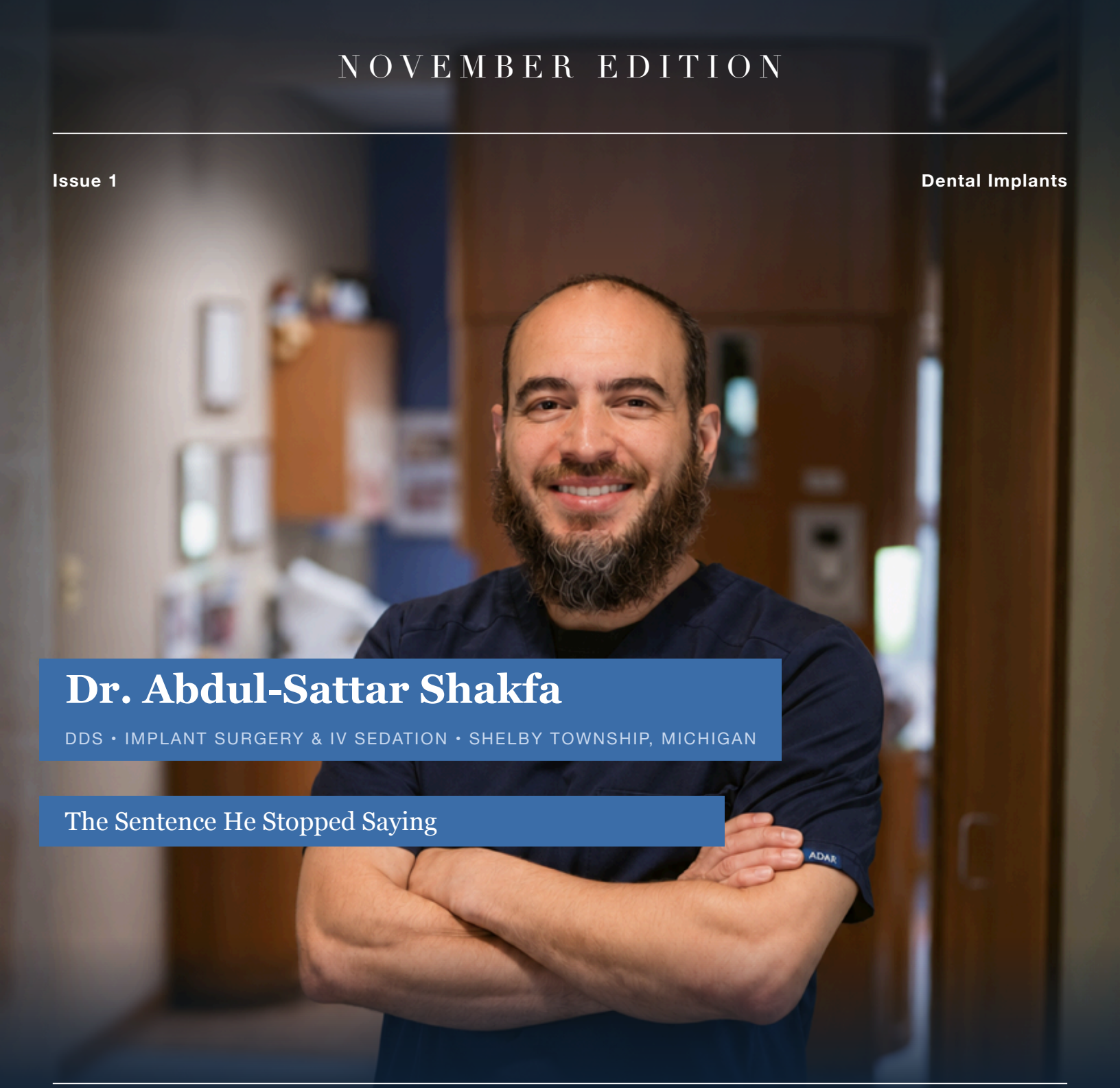
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Dental Implants



Dr. Abdul-Sattar Shakfa

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The Sentence He Stopped Saying

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The Sentence He Stopped Saying

Dr. Abdul-Sattar Shakfa has placed more than nine thousand implants, and he has concluded that you cannot talk a frightened patient out of being afraid — and built his practice around what to do instead.

There is one sentence Dr. Abdul-Sattar Shakfa has stopped saying to frightened patients, and it is often the first thing a nervous patient expects to hear.

"They become more aggravated when you keep telling them, this is not going to hurt. Don't feel pain," he says. "You can tell them it's not going to hurt, but if they feel pain, well, they feel it."

Dr. Shakfa is the implant surgeon at Where Lasting Smiles Begin in Shelby Township, Michigan. In twenty years he has placed more than nine thousand implants, and he has reached a conclusion that sounds like poor marketing but turns out to be sound medicine: you cannot argue a person out of being afraid. Trying only tells them you are not listening.

He puts it in terms that have nothing to do with teeth.

"You can't tell somebody not to feel cold. You can't tell somebody not to be hungry. And you really can't tell somebody not to be scared."

That conviction shapes nearly everything about how he practices — why he pursued IV sedation certification, why he works alongside the restoring dentist in the same practice, and why so much of his schedule is filled by people who had come to believe that nothing more could be done for them.

> *"You really can't tell somebody not to be scared."*

9,000+	2006	2014	72.6%
Implants Placed	Practicing Since	IV Sedation Certified	Adults Report Dental Fear

The Boy on the Bike

The empathy is not theoretical. It started with a bicycle and a pole.

Dr. Shakfa was eight years old when the accident broke his front teeth. What followed was not a single appointment but years of them — a childhood measured out in dental chairs while his mouth was rebuilt piece by piece.

Most children who go through that grow up avoiding dentists. He went the other direction, and the reason he gives is specific rather than sentimental: he wanted, in his words, "to do something that makes it less painful for future patients."

It is worth pausing on the phrasing. Not painless. Less painful. Twenty years later he still refuses the stronger word, and the reason he refuses it is the same reason he stopped making promises to anxious patients.

Why Fear Deserves Better Than a Reassurance

Dental fear is not a fringe problem. A nationally representative study published in *The Journal of the American Dental Association* in September 2025, surveying 1,003 census-matched U.S. adults, found that 72.6% reported some degree of dental fear. It is closer to the norm than the exception.

Dr. Shakfa's observation is that the experience of it varies enormously, which is exactly what makes blanket reassurance useless.

"People's perception of pain is different from one to another. Some really just take it with stride. Others just don't."

He has watched what happens when fear wins. Patients who genuinely want treatment, who understand why they need it, who have the means to proceed — and who still cannot make themselves walk through the door. Some schedule the appointment and pay a deposit and then find a reason, any reason, not to come.

Others get further than that and stop anyway. Dr. Shakfa has had patients reach the chair, get as far as beginning, and then need to leave. He states it without any edge to it, the way a clinician describes a thing that happens rather than a thing that offends: it is a small percentage of people, the feeling overtakes them, and they go.

He is careful not to treat any of this as a character flaw. It is simply what fear does to intention, and no amount of logic dismantles it. What matters clinically is that the delay is rarely free. A patient who cannot face a crown today often returns later needing an implant, not because anyone planned badly, but because the tooth did not wait.

That progression is the quiet cost of fear, and it is the reason he treats anxiety as a clinical variable rather than a personality trait. A frightened patient is not a difficult patient. A frightened patient is a patient whose treatment plan has to account for something real.

> *"[Frightened patients] become more aggravated when you keep telling them, this is not going to hurt."*



One of the treatment rooms at Where Lasting Smiles Begin in Shelby Township.

Sedation as an Alternative to Arguing

This is the practical reason Dr. Shakfa earned his IV sedation certification in 2014 — specifically, he says, to improve the experience for patients undergoing full-mouth restoration, the longest and most demanding cases he takes on.

Sedation in dentistry is not one thing, and the distinction matters to patients deciding whether it applies to them. Nitrous oxide is inhaled through a small mask, oral sedation is taken by mouth, and IV sedation is given through a vein. Dr. Shakfa may recommend IV sedation for longer or more involved procedures, depending on the patient and the procedure.

Intravenous sedation delivers medication directly into the bloodstream through a small line in the arm, which allows the dose to be adjusted moment to moment during the procedure rather than set once at the start and hoped for. Patients

remain breathing on their own and responsive to direction; the aim is a deeply relaxed state, not the general anesthesia of a hospital operating room.

That adjustability is precisely why it suits the cases Dr. Shakfa cites as his reason for pursuing the certification. A full-mouth restoration is not a thirty-minute filling. It is a long appointment, and a patient's tolerance over that span is not a fixed quantity.

What patients ask him for is consistent and unambiguous. They want to feel calm, and they want the hours to pass without dwelling on them.

Dr. Shakfa's position is that this request deserves to be met rather than negotiated with. If the fear cannot be talked away — and he is convinced it cannot — then the honest response is a clinical option that makes the fear irrelevant to whether treatment happens.

9,000+ IMPLANTS PLACED
Dr. Abdul-Sattar Shakfa · Shelby Township, MI
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MEET DR. SHAKFA

One Practice, From First Scan to Final Tooth

Implant treatment comes in two halves. The implant itself — the titanium or ceramic post anchored into the jawbone — is placed surgically, and the visible tooth that attaches to it is built later, once the bone is ready. At Where Lasting Smiles Begin, both halves are planned and carried out in the same office.

The wait between the two halves is not administrative. It is biological. After placement, the bone has to grow against and bond to the surface of the implant, a process called osseointegration, which is what turns a post in a socket into a stable foundation for a new tooth. It takes months rather than weeks, and it is the reason implant treatment is measured on a longer calendar than most dental work.

Dr. Shakfa performs the implant surgery, and Dr. Barbat typically handles the final restoration. They coordinate care within the same practice.

"I work very closely with the restoring dentist that is placing it in the same practice. So the flow and the communication is much nicer and simpler."

The advantage he names is not convenience but control. When the surgical and restorative decisions are made within the same practice, a case can be reassessed while it is still in progress.

“We can predict and change the case in real time, rather than exchange notes or letters and whatnot.”

That matters most on the complex cases, which is where his surgical scope becomes relevant. He performs the full range of implant work himself, including the grafting procedures some cases need first — ridge augmentation, which rebuilds the width or height of a jaw that has thinned after tooth loss, and sinus lifts, which create bone height in the upper jaw where the sinus cavity sits too close to place an implant safely.

He also manages complications in-house. Referral out is reserved for the genuinely specialized: patients whose cases involve cancer treatment or significant trauma, and who need a prosthetic device outside the scope of implant dentistry.

> *“We can predict and change the case in real time, rather than exchange notes or letters.”*



Dr. Ban R. Barbat with a patient. Surgery and restoration are planned in the same practice.

One Patient, Every Step Under One Roof

What that scope means is easier to see from the patient’s side of the chair.

Over the years, Linda had lost a number of upper and lower teeth, and the ones that remained were at risk. It had reached the point where it affected how comfortably she could eat, and her confidence in her smile. An online search brought her to Where Lasting Smiles Begin, and a single consultation with Dr. Ban R. Barbat settled where she would be treated.

“After the consultation, I never wanted to go anywhere else. She explained everything to me.”

Her case required more than placing implants. Before any implant could go in, she needed extractions, a sinus lift and bone grafting to build enough bone to support them. Each step added appointments, time and cost. Linda decided to go ahead anyway. Every stage was completed at the practice with her under IV sedation.

Dr. Shakfa placed her implants, and he describes his part as seeing the whole case before any of it begins.

“As the implant dentist, my role is to look at the entire case from a surgical and restorative standpoint and determine what needs to happen for the implants to be placed safely and predictably.”

With 3D imaging, the team can evaluate the available bone, the surrounding structures and the implant positions before treatment starts. “That planning becomes especially important in more complex cases like Linda’s,” he says. Once the foundation was in place, her implants were placed and then restored as part of her new smile.

“I never imagined how happy I’d be; I needed my smile and confidence back.”

She now notices that she smiles more often, and how many people smile back. Her own summary is brief: “You only live once and the feeling alone is worth it.”

For Dr. Shakfa, that is the part he most wants other patients to hear.

“Even when you’ve lost multiple teeth or have been told that your situation is complicated, there may still be options. Every patient is different, and sometimes rebuilding a smile requires several stages, but our job is to develop the right foundation and treatment plan for that individual.”

Linda’s name has been changed for privacy. Every patient is different, and results vary.

What Nine Thousand Implants Teach

Dr. Shakfa completed an oral surgery externship at Indiana University in 2005, while still in dental school, and graduated in 2006. His implant training began with continuing education in mini implants and progressed as the field did, toward conventional implants, across roughly two decades.

By the practice’s own records, he has placed more than nine thousand implants in that time.

Volume on that scale does something specific to a clinician. It is not mainly about technical speed. It is about having seen enough variation to recognize which cases will behave predictably, which will need a different plan, and which apparent obstacles are not obstacles at all.

Asked about his first implant — the one that started the count — he could not produce the story. He tried, paused, and gave up on it honestly: it was simply too long ago. There is something more persuasive in that than a polished origin anecdote would have been. The first one stopped being remarkable somewhere in the thousands that followed.

What he will say about the trajectory is that surgery was always the part he was drawn to. He describes it as his forte, and the CE courses, the externship, and the sedation certification all read as one continuous effort to get better at the thing he had already decided he was going to do.

Asked what he enjoys most about the surgical side, he declined the premise of the question. There is no favorite case type and no part he avoids. “I enjoy all aspects of dental surgery,” he said — the answer of someone for whom the work itself, rather than any particular showcase procedure, is the point.

He also offers an unusually candid read on where his training sits in the timeline of the field. It is not old, he says, and it is not especially recent either — a middle position he treats as an asset, because it means he learned both the older techniques and the newer ones, which helps when a patient has had dental work for many years.

The other thing two decades provides is perspective on how much has changed. He credits the biggest gains to pain management and to the speed of treatment, and to the biologic materials now available, which in his assessment have made cases progress faster and more easily than they once did.

Those gains are why a category of patient who was once genuinely untreatable is now routinely treatable — and why being told years ago that implants were not an option says relatively little about whether they are an option today.

> *“Our job as a professional is to lay all the options. You give them all the options and then they decide.”*

CONSIDERING IMPLANTS?
Planned, placed and restored in one office.
wherelastingsmilesbegin.com/about/meet-dr-shakfa
REVIEW YOUR OPTIONS



The front desk at Where Lasting Smiles Begin.

The Patients Who Had Given Up

Ask Dr. Shakfa for a memorable case and he struggles, not because there are few but because there are too many and they blur.

Pressed, the categories come quickly: patients who survived automobile accidents, patients with a history of drug use, patients whose teeth were casualties of cancer treatment. And then the largest group of all — people whose mouths simply went unattended for years, often because the first visit felt impossible and every year after that made it harder.

What unites them is less clinical than personal. Many have stopped expecting anything to change.

Some have spent years with a denture that never fit properly, unable to eat comfortably, avoiding photographs. Dr. Shakfa's first step is simply to take a fresh look, with current 3D imaging and the full range of options in front of him.



Dr. Shakfa with a patient and a member of the team.

"I'm Not Going to Force Anyone"

Given all of that, it would be easy to expect a hard sell. It is the opposite.

"Our job as a professional is to lay all the options. You give them all the options and then they decide. If they want to do it, they do it."

He applies this without exception, including to patients whose clinical need is obvious and who decline anyway. Younger patients sometimes tell him they do not want to do anything. His response is to document the options and leave the decision where it belongs.

"I'm not going to force anyone," he says. "Your job is to give them all the options."

His experience is that when patients are given a genuine set of choices rather than a single recommendation delivered under pressure, most of them proceed. Not because they were persuaded, but because they were finally told what was possible.

> *"Every patient is different, and sometimes rebuilding a smile requires several stages."*

AFRAID OF THE DENTIST?
That isn't a character flaw. IV sedation certified since 2014.
wherelastingsmilesbegin.com/about/meet-dr-shakfa
SEE HOW HE WORKS

Whiter Is Not Always Better

One misconception Dr. Shakfa is happy to correct concerns aesthetics, where patients often assume the goal is the brightest possible result.

His view is that the goal is whatever the patient actually wants, and that modern materials make the question almost trivially easy to answer. Some patients want strikingly white teeth. Others want a result no one will notice. Both are achievable, and neither is more correct.

What makes that possible is the planning technology. Before anything is fabricated, the case is scanned and rendered in three dimensions, allowing the final restoration to be designed and evaluated while it is still a file rather than a finished appliance.

“With the 3D rendering nowadays, we can pre-scan, pre-determine what the future appliance is. And we can always print one, two, and three. Examples, mock-ups.”

Patients frequently take those printed mock-ups home to live with for a few days. If something is not right, it is changed before the real restoration is made. The design belongs to the person who will wear it.

The Neighbor’s Cousin’s Horror Story

Asked what he would want a prospective patient to know — someone searching online, weighing whether to call — Dr. Shakfa did not reach for a credential. He reached for the thing that he believes keeps people away.

Secondhand horror stories.

“Many have these outrageous experiences historically that leaves them scarred. And they say, well, you know, my friend’s neighbor’s husband’s dog has had a dental implant.”

The joke lands because it is accurate. Implant decisions are shaped less by clinical evidence than by a story someone heard from someone, retold with the worst details intact, and those stories do real damage to people who might benefit.

His response is not to dismiss them. Bad outcomes happen, and they usually have causes that can be identified.

A plan has to suit the mouth it is made for, and the patient has to know at the outset what the result will realistically be. Not every patient is a candidate for teeth that are permanently fixed in place; some genuinely do better with a removable restoration. What matters is that each patient is told honestly which option fits them.

Even when a situation is complicated, Dr. Shakfa's view is that there may still be options. The qualifier is genuine and he does not soften it: some limitations are medical, and those are discussed honestly rather than worked around.

His practical answer is the same one he gives to every patient who arrives convinced the door is closed. Because the practice offers both the surgical and the restorative side of treatment, the conversation can start with everything that might be possible for that patient.

For all the discussion of fear and setbacks, he is unambiguous about why he does it. He would not be in dentistry, he says, if he did not love it.

It returns to where he started: a boy on a bicycle, and a broken front tooth. The patients who need this work most are frequently the ones most convinced it is not for them. They are not persuaded out of that by promises. They are persuaded, if at all, by being offered the whole truth about their options and then left to decide.

Patients considering implant treatment can request a consultation to review their options with Dr. Shakfa at Where Lasting Smiles Begin in Shelby Township.



Where Lasting Smiles Begin, on 24 Mile Road in Shelby Township.

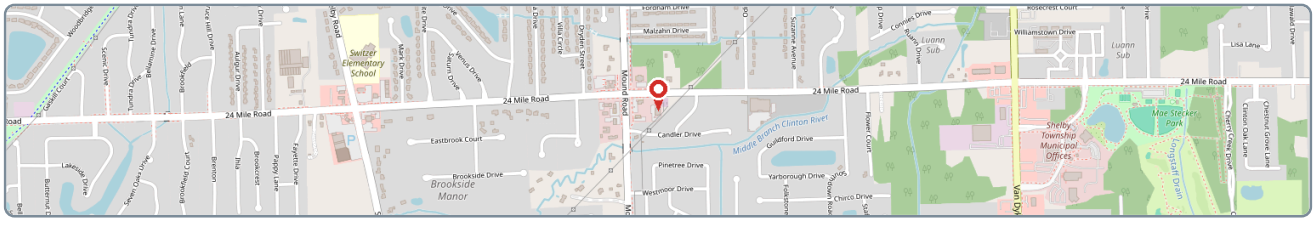
ABOUT DR. ABDUL-SATTAR SHAKFA

Dr. Abdul-Sattar Shakfa practices implant dentistry alongside Dr. Ban R. Barbat at Where Lasting Smiles Begin in Shelby Township, Michigan. He completed an oral surgery externship at Indiana University in 2005, graduated in 2006, and earned IV sedation certification in 2014. Dr. Shakfa performs implant surgery, including ridge augmentation and sinus lifts when needed. Dr. Barbat typically handles the final restoration.

Considering implants? Request a consultation to review your options.

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